

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>OHIO VOTER FUND POLITICAL ACTION COMMITTEE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00621995	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>JVA CAMPAIGNS LLC</b> <input checked="" type="checkbox"/> estimated September 2016		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 01 / 2016</b>	
Mailing Address <b>240 N 5TH ST</b> <b>SUITE 360</b>		Amount <b>6000.00</b>	
City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43215</b>	Transaction ID : <b>WFT2016832230-1</b>
Purpose of Expenditure September Literature estimated		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>CLINTON HILLARY</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>JVA CAMPAIGNS LLC</b> <input checked="" type="checkbox"/> estimated September 2016		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 01 / 2016</b>	
Mailing Address <b>240 N 5TH ST</b> <b>SUITE 360</b>		Amount <b>6000.00</b>	
City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43215</b>	Transaction ID : <b>WFT2016832234-1</b>
Purpose of Expenditure September Literature estimated		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>TRUMP DONALD</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>0</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

HOLT DAVID

[Electronically Filed]

Date

MM / DD / YYYY  
**09 / 03 / 2016**

Signature